

Purpose The SBS is a revised version of the Sleep Hygiene Awareness and Practice Scale. Possessing a simplified scoring method, the SBS consists of the nine most salient questions from the previous scale, along with 11 relevant additions. The scale requires respondents to indicate how certain behaviors (e.g., drug consumption, daytime and evening activities) can influence the quality and quantity of an individual's sleep. Since the tool assesses the beliefs and attitudes of a respondent, it may be relevant for both clinical and research purposes – as a means for evaluating an educational program, for example, or as an instrument for examining sleep beliefs in treatment and clinical populations.

Population for Testing The scale has been validated with university students aged 18–33 years. However, as sleep habits and behaviors often change dramatically with age, future studies featuring older participant populations may be valuable.

Administration Requiring between 5 and 10 min for completion, the SBS is a simple, self-report measure administered with pencil and paper.

Reliability and Validity Initial psychometric evaluations [1] have demonstrated an internal

consistency of .71. The scale's potential uses with older adults still need to be evaluated.

Obtaining a Copy A copy can be found in the original article published by developers [1].

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Scoring Each item of the SBS requires respondents to indicate how certain behaviors affect the sleep quality and quantity of most individuals. Respondents choose one of three options: “positive effect,” “negative effect,” or “neither effect.” For most items, the behaviors examined possess a negative effect – questions 5, 9, 15, and 19, however, are positive. Correct responses are tallied and can be compared to the responses of other research populations and participants, or can be used to evaluate a change in beliefs over time.

APPENDIX 1. THE SLEEP BELIEFS SCALE

This is a survey of the effects of selected behaviours upon sleep. We are interested in knowing your opinion about whether any of these behaviours may influence the quality and/or quantity of sleep. For the following list of behaviours, please indicate whether you believe they produce a “positive” effect, a “negative” effect, or “neither” effect on sleep (this is the central list below). Please do not make reference to how they influence your sleep in particular, but to the effects you think these behaviours have on people in general. Please answer ALL the statements by checking the appropriate box, even if you are not completely sure of the answer.

	Positive effect	Neither effect	Negative effect
1. Drinking alcohol in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drinking coffee or other substances with caffeine after dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Doing intense physical exercise before going to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking a long nap during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Going to bed and waking up always at the same hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Thinking about one’s engagements for the next day before falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Using sleep medication regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Smoking before falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Diverting one’s attention and relaxing before bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Going to bed 2 h later than the habitual hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Going to bed with an empty stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Using the bed for eating, calling on the phone, studying and other non-sleeping activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Trying to fall asleep without having a sleep sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Studying or working intensely until late night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Getting up when it is difficult to fall asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Going to bed 2 h earlier than the habitual hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Going to bed immediately after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Being worried about the impossibility of getting enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sleeping in a quiet and dark room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Recovering lost sleep by sleeping for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adan et al. [1]. © John Wiley and Sons, reproduced with permission.

Reference

- Adan, A., Fabbri, M., Natale, V., & Prat, G. (2006). Sleep beliefs scale (SBS) and circadian typology. *Journal of Sleep Research*, 15(2), 125-132.

Representative Studies Using Scale

None.